



STATE OF MARYLAND
DEPARTMENT OF STATE POLICE
OFFICE OF THE STATE FIRE MARSHAL



FIRE SPRINKLER CONTRACTOR LICENSE CLASS IID APPLICATION

APPLICATION TYPE: NEW ☐ RENEWAL ☐ REVISION ☐ (Current License Number MSC-_____)

1. PLEASE TYPE OR PRINT (BLUE INK ONLY) CLEARLY

Applicant Name:					
Officer's Title:					
Business Name:					
Business Address:					
City:		State:		Zip Code:	
Mailing Address: (If Different than above)					
City:		State:		Zip Code:	
Business Phone:		Fax:			
Business Cellular Phone:		Business Email:			
Maryland Master Plumber License #:		Expiration Date:			

2. CLASS OF LICENSE APPLICATION: [Check Applicable Class]

☐ CLASS IID Installation, repair, modification only; NFPA 13D Systems only

3. DESIGNATED QUALIFIED INDIVIDUAL

Designated Qualified Individual:					
Business Address:					
City:		State:		Zip Code:	
Business Phone:		Fax:			
Business Cellular Phone:		Business Email:			

Check respective qualification(s) to meet above Class of License. Attach a copy of NICET certification and/or Professional Engineer Registration/License. If more than one individual, include this information on a separate sheet and attach to this application.

- ☐ NICET ENGINEERING TECHNICIAN LEVEL II CERTIFICATION
in field of Fire Protection: Engineering Technology Water-Based (formerly Automatic Sprinkler) Systems Layout
- ☐ NICET ENGINEERING TECHNICIAN LEVEL III CERTIFICATION
in field of Fire Protection: Engineering Technology Water-Based (formerly Automatic Sprinkler) Systems Layout
- ☐ NICET ENGINEERING TECHNICIAN LEVEL IV CERTIFICATION
in field of Fire Protection: Engineering Technology Water-Based (formerly Automatic Sprinkler) Systems Layout
- ☐ MARYLAND REGISTERED PROFESSIONAL ENGINEER

4. BUSINESS (SPRINKLER) YEARS OF EXPERIENCE: _____

5. NAME OF LIABILITY INSURANCE COMPANY: _____
POLICY NUMBER AND EXPIRATION: _____

*Note: Attach copy of minimum \$1,000,000.00 comprehensive general liability certificate of insurance.
The Office of the Maryland State Fire Marshal must be named as the certificate holder.*

6. REQUIRED FEE TO BE ENCLOSED: \$300.00 – INITIAL APPLICATION
 \$200.00 – RENEWAL APPLICATION
 \$300.00 – LATE FEE
 \$ 25.00 – DUPLICATE OR REVISED LICENSE CERTIFICATE

MAKE CHECKS PAYABLE TO: MARYLAND STATE FIRE MARSHAL'S OFFICE

7. Have you, the applicant or contractor, ever been denied a sprinkler contractor's license in Maryland or in any other State or local jurisdiction or have had disciplinary action taken against such license? _____ If yes, on a separate sheet of paper, please indicate the name of the jurisdiction, date of denial or disciplinary action, and the nature and disposition of the action taken.

8. Have you, the applicant, contractor or any employee of the contractor or applicant ever been convicted of any felony or misdemeanor violation of the Maryland State Fire Code or the fire code of any other State or the District of Columbia? _____ If yes, on a separate sheet of paper, please indicate the name of the jurisdiction, date of conviction, and the nature and penalty imposed.

9. Have you, the applicant, contractor or any employee of the contractor or applicant ever been notified by the State of Maryland or any other State, local or District of Columbia jurisdiction that work has been performed by your company without receipt of required permit(s) or certification(s) from the fire authority having jurisdiction? _____ If yes, on a separate sheet of paper, please indicate the name of the jurisdiction, the nature and penalty imposed.

10. Have you, the applicant, contractor or any employee of the contractor or applicant complied with all applicable provisions of Business Occupations and Professions Article, Title 12, Annotated Code of Maryland? _____. If no, on a separate sheet of paper, please indicate the jurisdiction, the nature of non-compliance and penalty imposed.

AFFIRMATION

I, the applicant, do hereby acknowledge and affirm the following:

- a) In the event of any change of business address, notification will be made to the State Fire Marshal in writing within fourteen (14) days.
- b) In the event of termination of the Designated Qualified Individual, notification will be made to the State Fire Marshal in writing within five (5) days of termination.
- c) In the event of any change to the information submitted on this application, notification will be made to the State Fire Marshal in writing within fourteen (14) days from the date of change.
- d) All insurance certificates shall remain current and in force with a 30-day cancellation notification provision.
- e) All NICET certificates/Maryland Professional Engineer's License shall remain current and in force.
- f) All the laws, rules and regulations concerning this license will be abided.
- g) The corporate charter is in good standing and in event the status of the charter changes, notification will be made to the State Fire Marshal in writing immediately.

SIGNATURE OF APPLICANT: _____ DATE: _____

RETURN NOTARIZED APPLICATION AND FEES TO THE OFFICE OF THE STATE FIRE MARSHAL

State of _____

County of _____

On this _____ day of _____, 20_____, before me, the undersigned officer, personally appeared before me _____, an officer of the business, and made oath in due form of the law that all information on this application and all statements made to procure a license are full, complete, correct, and true to the best of his/her knowledge, information, and belief; and also made oath that he/she is the officer of the business and is duly authorized to make this affidavit.

(SEAL)

NOTARY PUBLIC SIGNATURE	
My Commission Expires:	

WARNING: ANY PERSON WHO WILLFULLY MAKES A FALSE STATEMENT ON THIS APPLICATION IS GUILTY OF A MISDEMEANOR AND ON CONVICTION IS SUBJECT TO A FINE OF NOT MORE THAN \$1,000.00 OR IMPRISONMENT NOT EXCEEDING THREE (3) YEARS, OR BOTH.

DESIGNATED QUALIFIED INDIVIDUAL AFFIRMATION

I, the Designated Qualified Individual, do hereby acknowledge and affirm the following:

- a) Accept the responsibility for performing or overseeing the work performed by other person(s) employed by the contractor in accordance with the prescribed regulations and appropriate good industry practices for the classification of license this application requests.
- b) A current NICET certificate(s) and/or Maryland Professional Engineer's License will be maintained.
- c) All the laws, rules and regulations concerning this license will be abided.
- d) If the undersigned is a Maryland Professional Engineer, by signing this affirmation, the Maryland Professional Engineer acknowledges that he/she is knowledgeable in areas of fire sprinkler systems.

SIGNATURE OF DESIGNATED QUALIFIED INDIVIDUAL	DATE

RETURN NOTARIZED APPLICATION AND FEES TO THE OFFICE OF THE STATE FIRE MARSHAL

State of _____

County of _____

On this _____ day of _____, 20_____, before me, the undersigned, personally appeared before me _____, the named Designated Qualified Individual of the business, and made oath in due form of the law that all information on this application and all statements made to procure a license are full, complete, correct, and true to the best of his/her knowledge, information, and belief; and also made oath that he/she is the Designated Qualified Individual and is duly authorized to make this affidavit.

(SEAL)

NOTARY PUBLIC SIGNATURE	
My Commission Expires:	

WARNING: ANY PERSON WHO WILLFULLY MAKES A FALSE STATEMENT ON THIS APPLICATION IS GUILTY OF A MISDEMEANOR AND ON CONVICTION IS SUBJECT TO A FINE OF NOT MORE THAN \$1,000.00 OR IMPRISONMENT NOT EXCEEDING THREE (3) YEARS, OR BOTH.

SUBMIT APPLICATION AND FEE TO:
OFFICE OF THE STATE FIRE MARSHAL
201 Baptist Street, Suite 17
Salisbury, Maryland 21801

FOR INFORMATION CONTACT:
OFFICE OF THE STATE FIRE MARSHAL
201 Baptist Street, Suite 17
Salisbury, Maryland 21801
410-713-3780 FAX: 410-713-3790
<http://mdsp.org/firemarshal>

FOR OFFICE OF STATE FIRE MARSHAL USE ONLY

<input type="checkbox"/>	APPROVED	LICENSE NUMBER		EXPIRATION DATE	
<input type="checkbox"/>	DISAPPROVED	REMARKS			
AUTHORIZED SIGNATURE			DATE		
PAID AMOUNT		CD REF #			

NOTE: The application will be returned unprocessed if not an original, or if all blanks are not completed (*in blue ink if printed*) or if all required documentation is not included. Information provided on this application may be subject to the Freedom of Information Act.